

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6302</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Irving S Wood</u> P.O. Box, Bldg., Room No., if any Street <u>890 Third Street</u> City <u>ALBANY NY</u> State <u>NY</u> ZIP Code + 4 <u>12206</u>	4. Name, file number, and address of labor organization. Name <u>Teamster Local 669</u> Labor Organization File Number <u>022-454</u> P.O. Box, Building and Room Number, if any Street <u>890 Third Street</u> City <u>ALBANY</u> State <u>New York</u> ZIP Code + 4 <u>12206</u>
5. Position in labor organization. <u>Sec'y Treasurer P.E.O.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing

Travis Wood

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dairy Local 316 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7483 Morgan Road

City Liver Pook

State New York ZIP Code + 4 13090

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Dairy Local 316 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7483 Morgan Road

City Liver Pook

State New York ZIP Code + 4 13090

11.a. Nature of such dealing.

Educational Seminar
International Foundation

11.b. Approximate dollar value of such dealing. 3,824.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Irving Wush</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dairy Local 316 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7483 Morgan Road
Office Park

City Liverpool

State New York ZIP Code +4 13090

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Dairy Local 316 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7483 Morgan Road
Office Park

City Liverpool

State New York ZIP Code +4 13090

11.a. Nature of such dealing.

Trust Fund Meeting

11.b. Approximate dollar value of such dealing. 159.74

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Irving Wood

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dairy Local 316 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7483 Morgan Road

City OFFICE PARK

City Liverpool NY

State New York ZIP Code + 4 13090

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Dairy Local 316 Pension Fund

Trade Name, if any: 7483 Morgan RD

OFFICE PARK

P.O. Box, Bldg., Room No., if any

Street

City Liverpool

State New York ZIP Code + 4 13090

11.a. Nature of such dealing.

Trust Fund Meeting

11.b. Approximate dollar value of such dealing. \$129.41

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Levin S Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MANNING & NAPLES</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>290 WOOD CHIFF Drive</u></p> <p>City <u>Fairport</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>14450</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Dairy Local 316 Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>7483 Morgan Road</u></p> <p>City <u>Office Park</u></p> <p>City <u>Elmer Park</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13090</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Farm Meeting & Golf</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$114.68</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Frederic S. Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Upstate My Bakery Drivers
Lab Pension Fund
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103
State Tower Bldg
 Street 109 S Warren Street
 City Syracuse
 State New York ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate My Bakery Drivers
Lab Pension Fund
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103
State Tower Bldg
 Street 109 S Warren Street
 City Syracuse
 State New York ZIP Code + 4 13202

11.a. Nature of such dealing.

EDUCATIONAL SEMINAR
INTERNATIONAL FOUNDATION

11.b. Approximate dollar value of such dealing. \$2,922.42

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Trumy S Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Upstate NY Bakery Drivers</u> <u>Lab Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>109 S Warren Street</u></p> <p>City <u>Syracuse</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13202</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Upstate NY Bakery Drivers</u> <u>Lab Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>109 S Warren Street</u></p> <p>City <u>Syracuse</u></p> <p>State <u>N.Y.</u> ZIP Code + 4 <u>13202</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.5em;"><u>Trust Meeting</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$ 165.21</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Trinity Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Upstate NY Bakery Drivers
Job Pension Fund
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

Street 109 S Warren Street

City Syracuse

State New York ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate NY Bakery Drivers
Job Pension Fund
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

Street 109 S Warren Street

City Syracuse

State New York ZIP Code + 4 13202

11.a. Nature of such dealing.

Trust Meeting

11.b. Approximate dollar value of such dealing. \$ 88.04

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Tracy Smith

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Upstate NY Bakery +
Tad Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

Street 109 S Warren Street

City Syracuse

State New York ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Upstate NY Bakery +
Tad Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

Street 109 S Warren Street

City Syracuse

State New York ZIP Code + 4 13202

11.a. Nature of such dealing.

Trust Meeting

11.b. Approximate dollar value of such dealing. \$ 169.98

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Tracy S Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Upstate NY Bakery Drivers Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>109 S Warren Street</u></p> <p>City <u>Syracuse</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13202</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Upstate NY Bakery Drivers Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>109 S Warren Street</u></p> <p>City <u>Syracuse</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13202</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Trust Meeting</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$163.88</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

Dorian S. Wood

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Upstate My Bakery Drivers
Inc Pension Fund
Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

State Tower Bldg

Street 109 S Warren Street

City Syracuse

State NY

ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate My Bakery Drivers
Inc Pension Fund
Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

State Tower Bldg

Street

City 109 S Warren Street

State Syracuse

ZIP Code + 4 13202

11.a. Nature of such dealing.

Trust Meeting

11.b. Approximate dollar value of such dealing. \$304.45

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>Irving Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Upstate NY Bakery Drivers
Ind Pension Fund
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103
State Tower Bldg
 Street 109 S Warren Street
 City Syracuse NY
 State New York ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate NY Bakery Drivers
Ind Pension Fund
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103
State Tower Bldg
 Street 109 S Warren Street
 City Syracuse
 State New York ZIP Code + 4 13202

11.a. Nature of such dealing.

EDUCATIONAL SEMINAR

11.b. Approximate dollar value of such dealing.

\$5,606.99

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>Tracy Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Free Dom CAPITAL</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1</u></p> <p>Street <u>138 College Street</u></p> <p>City <u>South Hadley</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>01075-1415</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Upstate NY Bakery & Pastry Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>109 S Warren Street</u></p> <p>City <u>Syracuse NY</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13202</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><u>Lunch + Golf Meeting</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$415.00</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MARCO Consulting Group</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1220 Adams Street</u></p> <p>City <u>Boston</u></p> <p>State <u>MA.</u> ZIP Code + 4 <u>02124</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Upstate Bakery & Ind Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>109 S Warren Street</u></p> <p>City <u>Syracuse, NY</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13202</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Client Conference</u></p>
	<p>11.b. Approximate dollar value of such dealing <u>\$84.45</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Irving S. Wacht</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Marco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1220 Adams Street

City Boston

State MA

ZIP Code + 4 02124

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate NY Bakery Inc Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1103

Street 109 S Warren Street

City Syracuse NY

State New York

ZIP Code + 4 13202

11.a. Nature of such dealing.

Dinner + Golf Meeting with Consultant

11.b. Approximate dollar value of such dealing. 112.54

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>Irving School</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Oppenheimer Capital
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 1345 Avenue of the Americas
 City New York
 State New York ZIP Code + 4 10105-4000

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate NY Bakery & Inn Pension Fund
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any Suite 1103
 Street 1095 Warren Street
State Tower Bldg
 City Syracuse
 State New York ZIP Code + 4 13202

11.a. Nature of such dealing.

Dinner & Golf with Vendor

11.b. Approximate dollar value of such dealing. \$ 230.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Irving S Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Oppenheimer Capital
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 1345 Avenue of the Americas
 City New York
 State New York ZIP Code + 4 10105-4000

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Upstate NY Bakery & Pastry Pension Fund
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any Suite 1103
 Street 109 S. Warren Street
 City Syracuse
 State NY ZIP Code + 4 13202

11.a. Nature of such dealing.

Dinner Conference with Vendor

11.b. Approximate dollar value of such dealing. \$152.78

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>David S. Wood</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Oppenheimer Capital</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1345 Avenue of The Americas</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code +4 <u>10105-4000</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Upstate NY Bakery & Inn Pension Funds</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1103</u></p> <p>Street <u>1095 Warren Street</u></p> <p>City <u>Syracuse</u></p> <p>State <u>New York</u> ZIP Code +4 <u>13202</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Lunch & Golf Conference with Vendor</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$210.00</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>